



VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, DC 20554

Re:

WC Docket No. 16-233

2018 Common Carrier Annual Employment Report

Silver Star Telephone Company, Inc.

CONFIDENTIAL - PURSUANT TO 47 CFR § 0.459(a)

Dear Ms. Dortch:

Submitted herewith are copies of the redacted version and confidential portions of the 2018 Common Carrier Annual Employment Report — FCC Form 395 for Silver Star Telephone Company, Inc. Confidential treatment is requested pursuant to 47 CFR § 0.459(a), under Section 709, Title VII of the Civil Rights Act of 1964, as amended.

The redacted version of the report is filed via the FCC's ECFS, as noted above.

Please direct any questions about this filing to me at the phone number below or by email to: mamotzkus@silverstar.net.

Sincerely,

Michelle Motzkus

Legal & Regulatory Administrator

307-883-6690

Enclosures

FCC 395

REDACTED CONFIDENTIAL INFORMATION PURSUANT TO 47 CFR 0.459(a)

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information																
1. Name and Mailing Address of Respondent																
Silver Star Telephone Company, Inc. 104101 Hwy 89 Freedom, WY 83120													Check here if this is a change of address.			
Year Report Filed		3. Reporting	Period (Endi	ng Date of Pa	y		4. Number of Full-Time Employees during Selected									
2018	vered by Rep h 31, 20				Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)											
SECTION II - Full-Time Employee	S.															
	ļ	Number of Employees (Report employees in only one category)														
Job	Race/Ethnicity															
Categories		nic or		Not-Hispanic or Latino											Total	
	Lai	tino	Male							Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
	A	В	С	D	E	F	G	н	ı	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers 1.1					1											
First/Mid-Level Officials and Managers 1.2															·	
Professionals 2																
Technicians 3	-															
Sales Workers 4																
Administrative Support Workers																
Craft Workers 6															_	
Operatives 7																
Laborers and Helpers 8																
Service Workers 9	<u> </u>														_	
TOTAL 10																
PREVIOUS YEAR TOTAL 11																

SECTION III - Part-Time Emp	oloyees.															
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												Total
				Male						Female						Columns A - N
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	à
		Α	В	С	D	Е	F	G	Н	I	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															
First/Mid-Level Officials and Managers	1.2															
Professionals	2															
Technicians	3															
Sales Workers	4															
Administrative Support Workers	5															
Craft Workers	6															
Operatives	7															
Laborers and Helpers	8															
Service Workers	9															
TOTAL	10															
PREVIOUS YEAR TOTAL	11															
SECTION IV - Report of Disc	riminatio	n Compl	aints Pursua	int to 47 CFF	R 22.321, 23.5	55, 90.168, 10 ⁻	1.4, and 101	.311.								
This is to advise company before										itorial, or loc	al statutes ha	ve been filed a	gainst this			
This is to advise	the Comm	nission tha	at the followin	g complaints	alleging viola	itions of the pr	ovisions of a	ny equal emp	loyment oppor							
(Attach a list indi	cating pan	ties involv	/ed, date filed	i, courts or ag	jencies before	e which the ma	atter has bee	n neard, file n	umber or othe	r designation	i, and current	status or dispo	osition.			
I certify that to the best of my	knowledge	e, informa	ation, and beli	ef, all statem	ents in this re	port are true a	nd correct.		110	1	0					
Date	Typed or	Printed N	Name of Pers	on Signing			Signature	111	///		1/	_	Telephone I	No.		
05/31/2018	Jeffe	rson l	H. Engla	and			S	444	40	you	2		(307) 8	883-6672	2	
Title of Person Signing Chief Financial Officer					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											